

Nevada State Health Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3170AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/12/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>FELIS CARE HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1042 FEATHERWOOD AVE HENDERSON, NV 89015</b>		
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Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility from 3/12/13 through 4/12/13. This complaint investigation was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed.</p> <p>Complaint #NV00034878- The allegation regarding medications not being given as prescribed was substantiated. See Tags Y0876 and Y0878.</p> <p>Complaint #NV00034878: - The complaint investigative process was initiated by the Nevada State Health Division on 3/12/13.</p> <p>Complaint #NV00034878: - The allegation regarding verbal abuse was not substantiated through interviews with residents and caregiver. The allegation regarding residents not being attended to in a timely manner was not substantiated based on interviews with residents and caregiver. The allegation regarding residents left wet for extended periods of time was not substantiated based on interviews with residents and caregiver. The allegation the facility was left</p>	Y 000			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	<p>Continued From page 1</p> <p>unattended was not substantiated based on observation, record review, and interview with residents and caregiver.</p> <p>The investigation for the allegation regarding verbal abuse included:</p> <ul style="list-style-type: none"> <li>- Interviews of residents.</li> <li>- Interview of Caregiver.</li> <li>- Interview of resident identified in the complaint.</li> </ul> <p>The investigation for the allegation regarding residents not being attended to in a timely manner included:</p> <ul style="list-style-type: none"> <li>- Interviews of residents. Several residents in the facility were interviewed regarding the timeliness of care after a need was expressed. The interviews did not reveal any issues regarding the speed or quality of care provided at the facility.</li> <li>- Interview of caregiver.</li> <li>- Interview of resident identified in the complaint.</li> </ul> <p>The investigation for the allegation regarding residents left wet for extended periods included:</p> <ul style="list-style-type: none"> <li>- Interviews of residents.</li> <li>- Interview of caregiver.</li> </ul> <p>Observations by Health Facility Inspector. (HFI) The Health Facility Inspector spoke with and observed the residents in the facility. None of the residents reported being left wet for extended periods and none of the residents were observed incontinent at the time of the investigation.</p>	Y 000			

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Y 000	Continued From page 2  Attempts to contact home health and hospice employees were unsuccessful.  The allegation that the facility was left unattended included:  - Interviews of residents. The residents interviewed did not feel that the facility was left unattended. The residents expressed the caregiver worked alone, but the caregiver had not left the facility for several months.  - An interview with the caregiver revealed the same. A discussion with the owner addressed the hiring of another caregiver was in process.  - Interview of caregiver.  Other deficiencies were identified during this investigation. See TAG Y0050.	Y 000		
Y 050 SS=H	449.194(1) Administrator's Responsibilities-Oversight  NAC 449.194 Responsibilities of administrator.  The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS.	Y 050		

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Y 050	Continued From page 3  This Regulation is not met as evidenced by: NAC 449.27704 Placard: Issuance and display; failure to comply. (NRS 449.0302 )  1. After the Bureau assigns a grade to a residential facility pursuant to NAC 449.27702 , the Bureau shall issue a placard to the residential facility. 2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility. 3. If the placard is not displayed in accordance with the provisions of subsection 2, the Bureau will assess against the residential facility a deficiency with a severity and scope score equal to the highest severity and scope score indicated in the most recent survey of the facility conducted by the Bureau. (Added to NAC by Bd. of Health by R122-05, eff. 11-17-2005) Based on observation on 3/15/13, the administrator failed to ensure the grading placard was displayed conspicuously in a public area because the current grade was partially obscured behind a piano sheet holder in the secondary living room. Additionally, the grade from 2011 was a " B " . This grade placard was not returned to the Bureau and was displayed prominently with the BELTCA license and other licenses on the main wall leading into the primary living room. Severity 3 Scope 3	Y 050			
Y 876 SS=E	449.2742(4) Medication Administration NRS 449.037	Y 876			

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Y 876	<p>Continued From page 4</p> <p>NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility.</p> <p>4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.</p> <p>This Regulation is not met as evidenced by: Based on record review on 3/15/13, the facility failed to comply with subsection 6 of NRS 449.037 as 2 of 5 residents medications were not at a maintenance level and required a medical assessment before administering (Resident #2 and #4).</p> <p>Findings include:</p> <p>Resident #2: Prescribed Clonidine SBP&gt;180 (Systolic Blood Pressure). This prescription requires caregivers to assess resident's blood pressure.</p> <p>Resident #4: Prescribed Acetaminophen 650 milligrams (mg) one time by mouth every four hours as needed for pain/fever &gt;101. This prescription requires caregivers to assess resident's temperature.</p> <p>Severity: 2 Scope: 2</p>	Y 876			

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Y 878	Continued From page 5	Y 878			
Y 878 SS=E	NAC 449.2742(5)(6) Medication / OTCs, Supplements, Change Order  NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility.  5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744.  6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record	Y 878  Y 878			

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Y 878	<p>Continued From page 6</p> <p>maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and</p> <p>(c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 3/15/13, the facility failed to ensure 2 of 5 residents received medications as prescribed (Residents #1 and #3).</p> <p>Findings include:</p> <p>Resident #1:</p> <ul style="list-style-type: none"> <li>- Dorzol .5% Prescription ordered one drop in left eye two times daily. The Medication Administration Record (MAR) only recorded the drops were administered once a day.</li> <li>- Alphagan .01% Prescription ordered one drop in left eye two times daily. The MAR only recorded the drops were administered once a day.</li> </ul> <p>Resident #3:</p>	Y 878		

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Y 878	<p>Continued From page 7</p> <p>Prescribed Diphenhydramine 25 milligrams (mg) three times daily. The MAR only recorded the drops were administered once a day.</p> <p>This is a repeat deficiency from the 8/22/12, annual State Licensure survey.</p> <p>Severity: 2 Scope: 2</p>	Y 878			

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